- Evaluation criteria and performance expectations are shared with students and preceptors prior to the clerkship rotation.
- Hospital affiliations are listed in the school catalog. Students are not expected to find their own clerkships.
- There is demonstrated continuity between the basic science campus and the clinical medicine program.
- Students are permitted choices and preferences for clerkship assignments.
- There are sufficient clerkship and staff members to process and track all students during third and fourth year rotations.
- Students are given timely notification of assignments, particularly those that involve geographical relocation.
- There are a sufficient number of hospitals and preceptors in hospitals with a structured teaching program to meet student needs.
- Affiliated hospitals have sufficient clinical teaching material for students.
- Full-time qualified medical school administrative staff are available to monitor the student's progress on a regular basis.
- Hospitals and preceptors are monitored on a regular basis by appointed staff.
- Student evaluations are done on a regular basis for each clerkship experience.
- Clerkship credit is never given for on the job training as an allied health professional. Clerkship students are fulltime medical students.

<u>top</u>

Section VI. Faculty:

- Names educational background and qualifications of faculty are reported in the school catalog and accurately represent actual on site, fulltime faculty.
- There is sufficient experienced, full-time, qualified faculty to teach each course in the curriculum.
- Full-time faculty member are in residence at the site of the basic science campus. There is minimum reliance on part-time or visiting faculty.
- Each basic science division has a qualified, designated chair or director.
- Faculty are not expected to cover more than 2 courses or teach out of their areas of expertise.
- Faculty are encouraged to conduct scholarly research.
- Faculty members are expected to participate in standing committees.
- Professional development opportunities are available to faculty locally.
- There are provisions for funding for faculty to attend professional meetings.
- Student evaluations are shared with faculty members.

top

Section VII. Financial:

- Total tuition and fee costs are published in the school catalog.
- Students are provided with a realistic breakdown of cost of living expenses prior to matriculation.
- Tuition and fee refund policies are clearly stated in the school catalog and web site.
- Tuition and or refundable deposits are returned in a timely manner should a

student decline matriculation.

- A detailed description of all financial aid programs is listed in the school catalog.
- Trained personnel are available to provide financial counseling.
- The medical school participates in federal loan program or regulated private loans that provide competitive interest rates.
- Financial aid disbursements are made to students in a timely manner.
- Scholarships on the basis of merit or need are available to qualified parties.

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Section VIII. Legal/Other:

- Each school is evaluated for history of problems with licensing boards or other regulatory agencies.
- Each school is evaluated for infractions with student loan programs.
- Each school is evaluated for a history of failing to return tuition or deposits in a timely manner.
- Transcripts, licensing and hospital privileging endorsements are available in a timely manner at a nominal charge.
- The medical school insures that all student records are accurate and kept in perpetuity in a secure location.

AMERICAN ASSOCIATION OF INTERNATIONAL MEDICAL GRADUATES



Medical Schools Meeting or Exceeding AAIMG Evaluation Criteria



Evaluation Process

AAIMG Evaluation Criteria

Medical Schools Meeting or Exceeding AAIMG Evaluation Citeria

















The threshold for meeting or exceeding AAIMG evaluation criteria was a minimum of 75% compliance in each category.

• St. Georges School of Medicine,

Grenada, West Indies

Deficiencies

Section IV a

Section VII i

• Saba University School of Medicine,

Saba, Netherlands Antilles

Deficiencies

Section I c

Section III e

Section VII i

American University of the Caribbean:

St. Maarten, Netherlands Antilles

Deficiencies

Section I c,i

Section II k

Section IV f,n

Section V g

Section VII i

Ross University School of Medicine,

Portsmouth, Dominica, West Indies

Deficiencies

Section I i

Section II a,n

Section IV f,n

Section V g,i

Section VII i

*Medical University of the Americas,

Nevis, 2000, West Indies

Deficiencies

Section I c

Section II c

Section III d,e

Section IV f

Section V c,n

Section VII i



er ver

Universidad Iberoamerica,

Santo, Domingo, Dominican Republic

Deficiencies

Section I c,f,

Section II g

Section III k

Section IV a,g,n

Section VI c

Section VII i

Section VIII d

• Instituto Technologica De Santo Domingo,

Dominican Republic

Deficiencies

Section I a,c

Section II f,g,l

Section III k

Section IV a.e.f

Section V g,n

• Universidad Autonoma de Guadalajara,

Guadalajara, Jalisco, Mexico

Deficiencies

Section I c,i

Section IV a,n

Section III k

Section IV f,k,n

Section V g,n

Section VII i

Section VIII d

Universidad Autonoma de Ciudad Juarez,

Juarez, Mexico

Deficiencies

Section I c,d

Section III k

Section IV a,f,k,n

Section V d,g,n

Section VI f,i

Section VIII d

Universidad De Monterrey,

Monterrey, Mexico

Deficiencies

Section I c

Section III I,k

Section IV a,c,f,k

Section V d,g,n

Section VI f,i

Section VIII d

• Instituto Tecnologico y de Estudios Superiores de Monterrey,

Monterrey, Mexico

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Deficiencies Section I c

Section III k

Section IV a,f

Section VI j

Section VIII d

• Universidad de Montemorelos,

Nuevo Leon, Montemorelos, Mexico

Deficiencies

Section I c

Section II k

Section III k

Section IV a,f

Section VI f,j

^{*} This school was listed as provisional in the last report. It is rare for AAIMG to find 75% compliance for a new school, particularly in the Caribbean Basin. Of 9 new schools to open in the Caribbean and Central America since 1997, this is the only school with a permanent, suitable physical facility, adequate staffing and developed clerkships.





Medical Schools with Significant Deficiencies

The following schools were noted by evaluation teams to have multiple, serious deficiencies. AAIMG urges prospective applicants to proceed with caution and to carefully investigate any school listed below in order to arrive a their own conclusions. Applicants are encouraged to read the AAIMG web page section titled, "Words of Wisdom."

Goals of AAIMG





· Windsor School of Medicine,

St. Christopher, West Indies, 2000

Deficiencies

Section I a,b,c,d, e,g,h

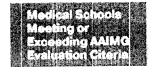
Section II b,c,d,f,

Section IV c,f,g,j,l,k,m,n

Section V a,d,e,f,h,j,l,m Section VI a,b,c,d,e,f,g,h,i,j Section VII b,c,e,f,g,i

Section VIII e





No substantive changes were noted since the last site visit. The entire campus still consists of two small rented buildings in an industrialized port area. Classrooms are poorly equipped with one inadequate multipurpose lab and no real medical library. One anatomy cadaver is used for multiple terms. Course descriptions and the curriculum breakdown are inadequate. Small faculty teaches numerous courses and there no listing of clinical hospital affiliations. There are no federal or regulated private loans. Complaints have been received from students about slow refunds and withholding of transcripts. Free housing advertised on web site is so poor that most students will pay to rent apartments.





University of Sint Eustatius,

St. Eustatius, Netherlands Antilles, 1999

Deficiencies

Section I b,c,d,e,h

Section II c.d.k.l

Section III b,c,d,e,,i

Section IV c,f,I

Section V b,c,e,f,h,j,l,n,m

Section VI b,d,e,f,h

Section VII b,d,e,f,g,i

Section VIII b,c

No substantive changes were noted since the last site visit. A promised campus complex has failed to materialize and there has been significant turnover in faculty and administration. Classrooms are in rented local buildings and can require up to















a 30 minute walk from one area to another. "Dorms" are actually run down local hotels. There is insufficient library space and inadequate book and journal holdings although the computer lab is well equipped. Curriculum has a minimal 32 month total duration with an unrealistic number of basic science courses crammed into four terms. School does not publish hospital affiliations or loan programs. Large student body contingent from African country was withdrawn by government last year. School accepts large number of transfer students, some without proper documentation or completion of a full basic science curriculum. Advertising of success rates on web site is misleading.

International University of the Health Sciences,

St. Christopher, West Indies, 1997

Deficiencies

Section VIII a,b,c,e

Section I a,b,c,f,g,h
Section II a,b,c,d,e,f,g,h,j,k,l,
Section III b,c,d,f,h,l,k
Section IV c,d,e,f,g,k,m
Section V b,d,e,f,g,h,i,j,k,l,m,o
Section VI b.c.d.e.f,g,h,l,j
Section VII a,b,c,d,i

No significant changes noted since last visit for school with a primarily distance learning curriculum. Grants advanced placement to allied health professionals; fulltime residence on St. Kitts is not required. Problem based learning on computer with tutorials gives insufficient basic science preparation. No labs or real library at "campus" site which is a solitary rented building, "Brannigan House". Lacks permanent onsite faculty and the web site list is misleading about actual faculty involvement with students. While hospital experience on St. Kitts has expanded, local physician preceptors are not skilled in problem based learning. There is no list of clinical sites and no federal or regulated private loans are available. Several state licensing boards will not license graduates of this school. Marketing is misleading on web site. Several new affiliations listed in India but Medical College of London does not appear to exist nor have a current link from IUHS. Web site advertises eligibility to take PLAB in U.K. but this was not confirmed by General Medical Council in U.K. The website for IUHS has been expanded to list affiliations with other institutions in the United States, United Kingdom and India. There were no site visits to these "affiliates" and the London contact appears to have vanished.

. St. Matthews School of Medicine,

Ambergis Caye, Belize, Central America, 1997

Deficiencies

Section I b,c,d,f,h

Section II c,e,k,I

Section III a,b,c,d,e,f,i

Section IV b,c,f,g,m,n

Section V b,d,e,f,h,I,I,j,I,m,n

Section VI a,b,e,h,i

Section VII b,e,f,i

Section VIII c

This school has experienced serious internal management problems with both high

faculty and administrative turnover. Relocation of basic science campus last year to a rented office building in the Cayman Islands provides only the most basic classroom facilities. The labs and library remain inadequate; plastinated parts are used in anatomy instead of cadavers. School is very decentralized and the Maine campus at a small remote college still lacks proper structure for a basic science instruction. Portion of instruction done in USA may create licensing problems, although this school is still too new for many test cases. Possible licensing issues are still not realistically addressed by the school. School takes significant amount of transfer students and failures from other medical schools. Web site is misleading as to facility and actual onsite fulltime faculty. Clerkship program is loosely organized.

• University of the Health Sciences, Antigua,

West Indies, 1982

Section VIII a,b,c,d

Deficiencies

Section I a,b,c,d,g,h
Section II a,b,c,d,e,f,g,h,j,k,l
Section III b,c,d,h,j,k
Section IV f,g,l,k,m
Section V b,c,e,f,,h,j,k,l,m,n
Section VI a,b,c,d,e,f,g,h,
Section VII b,c,d,e,f,g

Distance learning, part-time attendance, and advanced placement to allied health professionals are part of this curriculum. The school also specializes in quickie, but expensive, "conversion" degrees-for dentists, veterinarians, doctors of osteopathic medicine and chiropractors to MD's. There is a run down permanent campus in a remote location with a guard at the gate. Visitors are not welcome. The dorms are old barracks. There are insufficient laboratories and a small library with a few old books and journals. Insufficient faculty are onsite (one elderly fulltime anatomist this past visit) and the faculty list on web page is very misleading. There is no list of clerkship affiliations or preceptors and the school has no relationship with the local hospital or health care community. Stafford loans were withdrawn on an emergency basis in 1995 by US Department of Education, there are no current financial aid programs. Letters sent by former students complain of inability to obtain transcripts and vital licensing endorsements as well as tuition refunds. This school has been in existence over 20 years but web site fails to list graduates with

residencies. There are email contacts for more recent graduates but we received

• Spartan Health Sciences University,

St. Lucia, West Indies, 1981

Deficiencies

few replies.

Section I a,b,c,d,h
Section II a,b,c,d,f,g,j,k,I
Section III c,d,k
Section IV c,f,m
Section V b,ce,f,h,j,I,m
Section VI a,b,e,f,h,I
Section VII c,e,f,I
Section VIII a,b,e

Nag. . . ill

There are no significant changes since the last site visit. There is some improvement noted in the permanent campus building that sits next to a bottling plant in an industrial area of Vieux Fort. There is a small stable faculty who each teach several courses. Nearly all are foreign trained with the exception of 2 Spartan graduates who never completed residencies. There is no alteration in the minimal four trimester basic science curriculum which is taught in a piecemeal approach. It is impossible for all the basic science and pre-clinical topics to be covered in such a short time frame. Two cadavers, one male and one female, are present in the tiny anatomy lab. There is a small library with internet access but the holdings of books and journals are insufficient. There is no listing of hospital affiliations and students must pay own clerkship fees, which can be several hundred dollars a month. 66 weeks of required core clerkships includes only 6 weeks of Pediatrics but 20 weeks of core surgery and surgical subspecialties. The main teaching hospital is a small facility for civil servants in Juarez, Mexico, which tends to run a low census. There is little structure to the teaching program and students must often find there own clerkships in the USA. Federal loans were withdrawn 1997. Despite establishment in 1981 and claims of licensed graduates in 40 states, this school can provide the names of fewer than 60 licensed graduates. There is a history of legal sanctions by California and injunctions by the Texas Attorney General.

St. James School of Medicine,

Bonaire, Netherlands Antilles, 2000

Deficiencies

Section I a,b,c,d,f,g,h

Section II a,b,c,d,e,f,g,h,j,k,l

Section III b,c,d,g,h,i,j,k

Section IV d,f,g,l,k,m,n

Section V b,c,d,e,f,h,j,k,l,m,n,o

Section VI a,b,c,d,e,f,g,h,l,j

Section VII b,c,d,e,f,g,i

Section VIII c

This school began by taking transfer students to clerkships before basic science instruction actually commenced. The basic science curriculum attempts to cram the first two years of medical school into four short trimesters. The facility consists of a few classrooms in a very old school building with no gross anatomy lab or cadavers. There are a few microscopes and improvements in classroom equipment but the overall impression is one of high school science facility, and a poor one at that. There is limited internet access but no real medical library. Up to date journals and texts are woefully absent. There is high faculty turnover and some teachers are also students. Some faculty teach many courses that are often not within their field of expertise. This school has minimal admission standards and has a high percentage of transfer students. Recruiting is directed toward granting advanced standing to allied health professionals; a policy clearly stated on the web page. Allied Health professionals pursuing this course of study are at risk for licensing problems. Another program targets foreign trained MD's in a "rehabilitation" program. There is no listing of clerkship affiliations in the catalog or on the web page and applicants are given false assurances that their clerkships will meet "greenbook" standards by recruiters.

St. Martinus University, Curacao, Netherlands Antilles, 2003

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It appears every Dutch island with the exception of Aruba now has a medical school. There is a sketchy web page showing a minimal basic science program crammed into four short trimesters. The new medical is located in Otrabanda, a charming, older area trying to attract business and tourist interest. The facility is a cavernous, old school building sorely in need of renovation for basic medical school facilities such as labs and a library. There were a handful of students and three faculty (one was the Dean) present. The Dean was a former administrator at the University of Sint Eustatius. This school hopes to attract Venezuelan and South American students with plans for extensive development and charges a great deal of tuition for a practically non-existent program. There are no loan programs to date. Curacao is a large island with one large major teaching hospital and more sophisticated medical community than most Caribbean islands. For the time being, St. Martinus rates Global Deficiencies Categories I-VIII.

St. Mary's School of Medicine, Castries, St. Lucia, West Indies, 2003 This school first surfaced in the Pacific Basin with a WHO listing in the Cook Islands, Rarotonga. There was an aborted effort to hold classes in the Hawaiian Islands resulting in the loss of tuition to many students. The promoter, who had an office in El Paso, Texas, then began instruction across the border in Juarez, Mexico, following the time honored tradition of CAHSU and Spartan. Complaints to the Texas Attorney General by students led to governmental scrutiny and this school vanished from site for a few years. It has resurfaced with a web site and alleges a campus now on the island of St. Lucia. The address on St. Lucia is actually a post office box and there was no evidence of a campus. Furthermore, the World Health Organization is unable to verify any request from the Ministry of Health of St. Lucia to list this school in the World Directory of Medical Schools. St. Mary's WHO listing has been removed from the Cook Islands. Students are not approved as of the fall of 2003 to take the USMLE exams by the ECFMG. The web site gives no names to contact other than "Admissions" which is how inquiries are answered by email requests. Students are not required to pay an application fee by must put down a non refundable matriculation of \$950.00. St. Mary's is more than deserving of the Global Deficiencies, Categories I-VIII. There are probably a few confused souls who will actually send a deposit to this place.

Grace University,

Belmopan, Belize, Central America, 2000

Deficiencies

Section I a,b,c,d,f,gh

Section II a,b,c,d,e,f,g,h,j,k,l

Section III a,b,c,d,e,f,g,h,I,j,k

Section IV c,f,g,I,k,m

Section V a,b,c,d,e,f,h,j,k,I,m,n

Section VI b,c,d,e,f,g,h,I,j

Section VII b,c,d,e,f,g,h

Section VIII a,c,d

Grace University has been in existence for over 15 years and reinvented itself on several occasions. Opening initially on the island of Nevis with a minimal operation, a Cambridge, England, "campus" was subsequently opened. The site visit in 2001 revealed a shabby, run down upstairs flat on the outskirts of Cambridge promoting a distance learning program with advanced standing for allied health professionals. The school closed briefly when it lost its charter then obtained registration in Belize. The operation moved to the capital, Belmopan, with promises of building a

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new campus. Grace remains true to its prior modus operandi and has its classes in a rented two flat building on a dirt side road in a residential area. A handful of students hear lectures by a few visiting faculty in the made over living room and bedroom "classrooms" in this dreary place. There is no catalog and the web site misrepresents the program, facility and faculty members. There is no list of hospital affiliations. This school has run out of the promoter's home in Florida despite regulations by the Florida Department of Education that requires an approval process. Run from this one.

Central American Health Sciences University,

Belize City, Belize, Central America, 1996

Deficiencies

Section I a,b,c,d,f,h

Section II a,b,c,e,f,g,j,k,I

Section III b,cd,e,g,h,k

Section IV a,b,c,d,f,g,j,l,m

Section V b,c,d,e,f,h,j,k, l,m,n Section VI b,c,d,e,f,g,h,l,j

Section VII c,d,e,g,I

Section VIII d,e

There are few changes since the last site visit. The school has moved further from Belize City into an area designated as the "free zone." This is a guarded area for businesses investment and other entities. The building is an improvement over the former structure but nevertheless rented. There is a large library with computer access but holdings are sparse and most woefully outdated. Students live in nearby small village; this is an isolated area. The anatomy lab held two desiccated cadavers with dirty dissection tools lying about on trays. There is minimal faculty presence; most are part-time. The handful of students present during the site visit state they spend only two terms in Belize then go to the Juarez, Mexico, "campus." Our site visitors confirmed that this is, in fact, a store front facility directly across the border from El Paso, Tx. The school does not publish a hospital affiliation list. There is a history of sanctions by the Texas Attorney General.

American International School of Medicine,

Liliendaal, East Coast Demerara, Guyana, South America **Deficiencies**

Section I b,c,d,f,g,h Section II a,c,d,e,f,g,h,j Section III b,c,d,e,h,i,k Section IV a,c,f,g,m Section V b,d,e,f,h,j,k,I,m,n,o Section VI a,b,c,d,e,f,g,h,I,j Section VII b,d,e,f,g

Section VIII a.c.

Application to this school can only be made online and faxed to a number in Massachusetts. Information available on the web site is still incomplete. Minimal facilities and labs still characterize this school which gives advanced standing to allied health professionals and clerkship credit for on the job training. There is some experience available in local hospitals. There are few fulltime qualified faculty members and no list of clerkships. The promoter is a graduate of Grace University

with no postgraduate training. Tuition refunds are given only in the case of proven serious illness per the web page.

• Centro de Estudios Universitarios Xochimilco,

Ensenada, Mexico

Deficiencies

Section I b,c,d,f,gh

Section II a.b.c.e.f.g.h.l.j.l

Section III b,cd,h,I,k

Section IV a,f,g,k,m

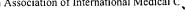
Section V d,f,g,h,l,n

Section VI b,c,d,e,f,g,h,I,j

Section VII c,d,e,f,g,I

Section VIII a,b,d

This school has opened and closed in a number of locations in Mexico for the past 15 years. It moved from central Mexico to the Baja peninsula to attract gullible Americans. It was featured in 1992 on a national investigative news program and subsequently lost U.S. Federal loans. The campus is still housed in a former hotel. There are no labs and few fulltime faculty. Admission standards, course attendance and testing requirements are lax. Faculty is primarily part-time and courses are taught in a haphazard order. There is no list of affiliated hospitals and haphazard clinical supervision.





PROVISIONAL STATUS























It is distressing to see so many new medical schools sprouting up on virtually any independent island or promoters using third world countries to set up "store front" type operations in the United Kingdom. The title of physician is honored and esteemed throughout the world. Numerous television series glamorize the role of physician as living a dynamic, heroic lifestyle. Unfortunately, many promoters in the offshore medical community exploit this image by setting up substandard proprietary schools that prey on the naive and under qualified applicant.

At AAIMG we get dozens of emails each month from prospective applicants who ask for an evaluation of their qualifications. A typical applicant unfortunately, has an undergraduate GPA below 3.0, no MCATS or total MCAT scores under 20. Most of these young people have been accepted at a substandard school that charges a tuition rate higher than many US medical schools. All we can do is warn them that a poor basic science education and a haphazard clerkship program predict little or no success in passing the exceptionally difficult USMLE Steps I and II. According to an analysis of USMLE passing rates by the Education Commission for Foreign Medical Graduates, U.S. citizens who are International Medical Graduates have lower passing rates and lower scores than foreign national IMG's. The US citizen with an inferior education who fails to pass the USMLE exams cannot obtain a residency and will have little to show but a huge debt. Prospective medical students should consider the following WORDS OF CAUTION:

- "Store Front" medical schools cannot offer the level or depth of education needed to pass the USMLE exams nor attract the best faculty.
- Substandard schools often exaggerate or distort their poor USMLE passing rates.
 As the ECFMG does not release scores of individual schools, actual passing rates are difficult to verify. Beware of any unusually high claims of high passing rates that cannot be verified.
- The recruiters are trained in high pressure sales tactics, with the same techniques
 - that sell automobiles, aluminum siding and encyclopedias. Their goal is a sale; to make a profit for the school, often in the guise of flattery and concern for your welfare.
- The tuition charged by most substandard schools is very high. Some of these schools have private loans from the secondary medical education loan market. It is important to note that some of these loan companies do not rigorously examine the quality of foreign medical schools they approve for loans.
- Interest rates charged in the secondary loan market are not deferred; the



American Association of International Medical





interest clock starts clicking as soon as the loan is paid out. Numerous fees may also be charged. Loans may also be made for living expenses; thus increasing student debt level.

- The loan debt from secondary market loans is not dischargeable in bankruptcy; this means payment default will be rigorously pursued by the loan organization.
- The reputable schools often charge a higher tuition rate but offer a more rigorous education and are likely to have FFEL or internal loan programs.
- STATE LICENSING BOARDS are becoming increasingly aware of substandard schools, especially those offering advanced standing and a medical degree by distance learning. Denial of a license to practice to any physician is reportable on all licensing board applications and to credential verification organizations. Acceptance into a residency program does not guarantee future licensure.

In summary, the graduate with an MD who cannot pass the USMLE exams has little to show but a huge debt that can be as high as \$150,000. The interest clock continues to run; payments cannot be deferred after graduation unless the graduate has passed all exams and is engaged in postgraduate training. Job prospects are limited as is earning power and the Doctor of Medicine is little more than an empty title. The loan repayment will be very high and any graduate in payment default will vigorously pursued. Years better spent in pursuit of another career will have been lost.





UPDATES FROM THE PRESIDENT

























- St. Christopher University
- Kigezi International
- Medical College of London
- **London Medical College**

Since 1996, the United Kingdom has become a site of convenience for new medical schools chartered in other countries. The medical school promoters obtain a World Health Organization listing but have little to no presence in the country. They rent offices and a few classrooms at local colleges in the U.K and operate a "campus" and program leading to the Doctor of



Medicine degree. Cambridge, England, is an ancient university town and home to many prestigious British colleges that was once home to three such schools: Grace University (chartered in the Caribbean then Central America), St. Christopher (chartered in Senegal) and Kigezi (chartered in Uganda) all have had a "campus" there. As the story goes, the promoters of St. Christopher and Kigezi got their start as students and faculty at Grace. The recent site visit shows only Kigezi remaining in Cambridge. St. Christopher now rents facilities at the Polytechnic University in Luton and Grace has departed to Belize, where it actually holds a charter.

Recently, two new schools catering to U.S. citizens have appeared in London. The Medical College of London was started by a former administrator at St. Christopher and claims to exist through a relationship with the College of Medicine and Health Sciences, on the small island of St. Lucia. The World Health Organization shows a listing for this name through December 2001. There is no facility bearing this name on St. Lucia and the island government is not familiar with the school. Enter London Medical College advertising an M.D. by distance learning on the web site of International University of the Health Sciences. The relationship appears short lived as London Medical College appears to have terminated the relationship as of June 3, 2003.

St. Christopher University School of Medicine,

Luton, England, 2000 **Deficiencies**

Section I a,b,c,d,f,g Section II b,c,e,f,g,j,k,l Section III a,b,c,d,f,h,l,k Section IV c, d,f,g, Section V b,c,d,e,f,h,j,k,l,m,n Section VI a,b,c,d,e,f,g,I,j Section VII b,e,f, Section VIII e

St. Christopher has given up the more prestigious environs of Cambridge and